

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Chula

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

County Registrar No. _____

Local Registrar No. 802

No. Main Imp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Ruth Spruell (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? _____ 7. Date of birth Aug. 14 1926
Month Day Year

8. FATHER
Full name Leonard Spruell

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Antonio
(State or country) Texas

13. Occupation Repair man
Nature of industry Boiler Shop.

14. MOTHER Smith
Full maiden name Mary Helen Spruell

15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 15 (Years)

18. Birthplace (city or place) St. Maries
(State or country) Idaho

19. Occupation house wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:50 P. m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature H.D. Berlin M.D. (Physician or midwife). Address Miami, Arizona

Given name added from a supplemental report. Month, day, year Sept 4, 1926 Filed Sept 4, 1926 Local Registrar.

Registrar

Filed _____, 19 _____ County Registrar.

823-814-428